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Country programme recommendation**

Republic of Moldova

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Republic of Moldova which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,565,000 from regular resources, subject to the availability of funds, and $7,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	1.3
U5MR (per 1,000 live births) (2000)	33
IMR (per 1,000 live births) (2000)	27
Underweight (% moderate and severe) (1996)	3
Maternal mortality ratio (per 100,000 live births) (1996)	42
Literacy (% male/female) (2000)	100/98
Primary school attendance (% net, male/female) (2000)	98/99
Primary school children reaching grade 5 (%) (1995)	93
Use of improved drinking water sources (%) (2000)	92
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	410
One-year-olds fully immunized against:	
Tuberculosis	100 per cent
Diphtheria/pertussis/tetanus	97 per cent
Measles	99 per cent
Poliomyelitis	98 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.41). The "Survey on Children Living in Institutions", conducted by an inter-ministerial working group and concluded at the end of 2000, has shown that although the total number of children in residential care has remained unchanged, the number of "social orphans" who have been abandoned or placed there by their families due to their economic situation has increased from 1,266 in 1995 to 1,627 in 2000. In the absence of a supportive social policy, institutional care is being used as a social welfare measure to provide shelter and education for children from very poor families.

2. According to the end-decade report, the number of young delinquents has increased over the past years (from 2,193 in 1996 to 2,442 in 1999), although information on juvenile delinquency is limited. Most juvenile crimes (80 per cent) are property crimes, while the remaining are sexually related crimes. Among the contributing factors are increasing poverty, school drop-out, a decrease in recreational opportunities, and high levels of youth unemployment. The situation is of particular concern due to the lack of a juvenile justice system, coupled with limited capacity and expertise in this field. Trafficking of women and adolescents is increasingly an issue of concern.

Programme cooperation, 1997-2001

3. The 1997-2001 programme of cooperation with the Government of the Republic of Moldova (E/ICEF/1996/P/L.34/Add.1 and Corr.1) and key partners was based on two main programmes (education and primary health care (PHC)), closely linked and guided by joint strategies such as social mobilization, advocacy, capacity-building and service delivery.

4. The education programme aimed at promoting child-centred methodologies to improve the quality of care and learning in 45 kindergartens. The development of resource centres within the kindergartens has facilitated outreach to families and communities. The model established throughout the country was endorsed by the Ministry of Education and considered a first step towards pre-school education sector reform. The programme has yet to address the issue of children with no access to kindergartens or organized pre-school services.

5. The "Survey on Children Living in Institutions" represented a first step towards recognition of the problem in the country. Discussions began at national and local levels on legislative reforms, the benefits of family reintegration and community-based services. Pilot projects for disabled and abandoned children were supported. A study on the compliance of national legislation with the Convention on the Rights of the Child was carried out successfully.

6. The development of social work as a profession was supported through the provision of training for professionals and university teaching staff. Social Work Resource Centres were established within each of the universities involved in social work education.

7. The strengthening and mobilization of civil society for the fulfilment of children's rights was a priority throughout the programme cycle. Youth non-governmental organization (NGO) activities related to the dissemination of the Convention on the Rights of the Child, peer education and education for development were widely promoted and supported. NGO networks, together with Children's and Youth Parliaments, were established and consolidated, leading to new partnerships between civil society and local public administrations. Their role as advocates of children's rights within the framework of the Global Movement for Children was strongly promoted and strengthened.

8. UNICEF played a key role in supporting the achievement of the main goals set by the World Summit for Children in the area of maternal and child health (MCH) and nutrition. Thus, it contributed to a slight reduction of the infant and under-five mortality rates (IMR and U5MR), as well as the maternal mortality ratio (MMR). Among the key interventions that led to an increase in infant survival were the maintenance of high immunization rates and a significant increase in predominant breastfeeding. Official statistics report over 90 per cent coverage for the six major antigens and a substantial decline in vaccine-preventable diseases. Similarly, implementation of the Baby-Friendly Hospital Initiative in all maternity wards has ensured universal breastfeeding of newborns. It has yielded an 8 per cent increase in breastfeeding infants under six months of age and 14 per cent under 12 months old.

9. In addition, the three major immediate causes of infant death — acute respiratory infections (ARI), diarrhoea and perinatal infections — were addressed through implementation of ARI/control of diarrhoeal diseases and perinatal care

projects. These have extensive training components, contributing to the improved clinical quality of the services. The provision of basic equipment and essential drugs enhanced access to MCH services. Cost-effective technologies of care and treatment, which resulted in the development of new national standards in MCH care, were adopted. UNICEF played a leading role in the establishment of a Task Force for Health Reform, as well as in the development of the National MCH Surveillance System.

10. The impact of the PHC pilot projects, together with the development of the basic benefit package of health services, the promotion of the essential drugs policy and the promotion of a sustainable community-based financing mechanism, have been recognized by both government counterparts and the donor community. The World Bank and the Ministry of Health support the project, which is likely to be expanded nationwide.

11. The capacity of counterparts in data collection and analysis has improved considerably during the programme of cooperation through the development and implementation of the multiple indicator cluster survey (MICS), the elaboration of the Education for All (EFA) report, the end-decade report, and a growing emphasis on programme evaluations and studies to establish baseline data.

Lessons learned from past cooperation

12. In addition to the lessons learned described in the country note, the following need to be highlighted. Systematic advocacy and communication efforts, together with effective alliances and coordination among international and national partners, have proved to be an effective strategy for decreasing resistance to innovative practices on sensitive issues.

13. Despite limited UNICEF financial support, project activities designed and managed by children and young people themselves have triggered positive responses and high levels of participation. This has improved the dissemination and implementation of child rights and demonstrated that adolescents can be mobilized successfully to work with young children. This has also facilitated the mobilization activities for the Global Movement for Children.

14. The preparation process of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) has clearly highlighted the need for improving effective inter-agency coordination. The common framework will provide the opportunity to formalize coordination mechanisms and strengthen areas of joint programme cooperation. However, open dialogue and clear operational mechanisms should be strengthened in order to improve effectiveness.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Regular resources						
Early childcare and development	269	270	270	270	269	1 348
Child protection	212	213	213	211	211	1 060
Young people's health, development and participation	157	158	156	156	155	782
Cross-sectoral costs	75	75	74	76	78	375
Subtotal	**713**	**713**	**713**	**713**	**713**	**3 565**
Other resources						
Early childcare and development	600	600	600	600	600	3 000
Child protection	600	600	600	600	600	3 000
Young people's health, development and participation	300	300	300	300	300	1 500
Subtotal	**1 500**	**1 500**	**1 500**	**1 500**	**1 500**	**7 500**
Total	**2 213**	**2 213**	**2 213**	**2 213**	**2 213**	**11 065**

Country programme preparation process

15. The country programme of cooperation between the Government of the Republic of Moldova and UNICEF was developed based on the results of the situation analysis on children and women, the end-decade report, the MICS and the CCA. The National Council for the Protection of Child Rights has played a leading role in coordinating the process and establishing inter-ministerial committees for the elaboration of both reports.

16. Technical assessments, evaluations, and extensive sectoral and intersectoral consultations with government officials, technical counterparts, the United Nations Country Team and NGOs were carried out on a regular basis. As a result, representatives of main counterparts, international agencies and NGOs attended the strategy meeting, chaired by the Ministry of Foreign Affairs, in October 2000. Regular meetings with counterparts and partners have allowed further development of the programme of cooperation.

17. The country programme preparation process has influenced the rights-based approach of UNDAF, which includes economic growth and reform, governance and social sector reform, and development as main areas for joint cooperation.

Country programme goals and objectives

18. The overall goal of the country programme is to support national efforts to alleviate poverty and fulfil the rights of children, young people and women in accordance with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. More specifically, the country programme will contribute to the achievement of the following main objectives:

(a) To improve the health, nutrition and psychosocial status of children by improving access to PHC, and promoting family-centred preventive services and family education;

(b) To contribute to the development of protection measures for children and adolescents, with special attention to the most vulnerable, by improving policies, and promoting community-based services and families' empowerment;

(c) To promote the participation of young people in decisions that affect their lives, and to improve their access to a range of opportunities and services essential for their health and development.

Relation to national and international priorities

19. The programme was developed in close consultation with the National Council for the Protection of Child Rights and technical government counterparts. Therefore, it reflects national priorities and builds within the framework of the Government Interim Poverty Reduction Strategy, launched at the end of 2000. The three pillars of the government strategy are: (a) sustainable and inclusive economic growth that will provide the population with productive employment; (b) human development policies to improve access to basic services, especially PHC and education services; and (c) social protection, targeting the most needy.

20. The country programme has an integrated and life cycle approach to child care, development, protection and participation. It is consistent with the new Global Agenda for Children and with the evolving organizational priorities of UNICEF. The Global Movement of Children and the outcome document of the United Nations Special Session on Children will provide an important reference and framework for advocacy and social mobilization.

Programme strategy

21. The programme strategy remains essentially the same as described in the country note. The main areas of concern identified by the mid-term review (MTR) and the situation analysis are related to the low priority of child and family protection issues in the political agenda, decreased access and quality of basic services, and the limited family knowledge and community participation in child care and development issues. The following three cross-cutting strategies will be part of each programme: capacity-building; the promotion of integrated basic services; and social mobilization and advocacy based on improved monitoring and data collection.

22. Within the framework of the two Conventions and the evolving organizational priorities, UNICEF will focus on achieving effective political commitment towards social policies and social sector reforms. This includes improving local administration managerial capacities and social policy development, and monitoring skills for the protection of children and families in need. UNICEF will also focus on improving family and community responses to quality child care and development, and enhancing the active participation of children and young people in the implementation and monitoring of their own rights. Each programme will closely link with the formal education system as well as utilize non-formal education strategies.

23. Building partnerships and strategic alliances will continue, enabling government and non-government partners, civil society, youth organizations and communities to work together for the full implementation of the two Conventions.

24. **Early childcare and development (ECCD)**. This programme will ensure the highest attainable standards in health, nutrition and the psychosocial development for children in the very early stage of the life cycle. The programme will aim to achieve the following specific objectives:

(a) To promote cost-effective and efficient MCH care and services;

(b) To contribute to the development of public health capacities and an accessible, qualitative and sustainable PHC system;

(c) To increase access to and improve the quality of formal early childhood development (ECD) opportunities, as well as improve the quality of parenting practices.

25. The MCH component will contribute to improving national legislation for the protection of women's health, with special attention to mothers from rural areas. In order to promote safe motherhood, UNICEF will focus on improving the quality of and access to antenatal care and reproductive health services through strengthening professional capacity and introducing community-based approaches. UNICEF will continue to strengthen the immunization self-sufficiency process and epidemiological surveillance. Micronutrient deficiencies will be addressed by the universal iodization of salt, the prevention of iron deficiency anaemia and the promotion of exclusive breastfeeding. Advocacy for the social protection of women during pregnancy and childbirth, as well as the development of psychosocial assistance within the perinatal system, will be supported in order to prevent abandonment and psychological distress, especially among single mothers. HIV/AIDS testing of pregnant women will be promoted.

26. The programme will also address the long-term sustainability of the health system by developing adequate capacities of health care managers for planning, implementing and evaluating MCH activities. Technical assistance and training on community health models, financing and management of PHC, and the promotion of social mobilization will be provided to health managers at all levels.

27. The promotion of the Integrated Management of Childhood Illness will focus on improving community and family knowledge and skills on ECD. This will be implemented through education and information activities, together with the development of an awareness campaign using multiple channels such as media, parents' resource centres, and within pre-schools, PHC services and schools. The

training of caregivers, such as PHC workers and nurses, teachers and social workers, will be supported, together with the establishment of networks for parents.

28. UNICEF will promote the development of comprehensive national policies to address the need for the cognitive and psychosocial development of young children by improving their access to early childhood opportunities within the formal education system (kindergartens and day-care centres) and alternative services (community-based centres and parents education) on a pilot basis.

29. **Child protection**. This programme will contribute to the development of protection measures for children, adolescents and their families. The programme objectives are:

(a) To support Government efforts in promoting social sector reform by building capacities, and improving policies and legislative frameworks that address the protection of children and adolescents at risk and their families;

(b) To contribute to reducing the number of children in residential care by developing new models of child protection services, promoting inclusive education, and strengthening community and family capacities to protect and provide for their own children;

(c) To advocate for the full implementation of children's rights by building national and local capacities for monitoring the two Conventions.

30. At the national level, the programme will support the development of a sound social policy for family and child protection and the development of legislative frameworks, including the juvenile justice system, in accordance with the principles of both Conventions. In particular, UNICEF will focus on the development of a child public care system reform aimed at transforming institutional care into a community-based system. Special attention will be placed on family reintegration and education as two of the most important spheres for ensuring the appropriate protection and development of the child. The development and implementation of policies for children with disabilities and those with special needs, including their integration into child-friendly schooling, will be promoted in close coordination with the ECCD programme. Law enforcement mechanisms for child protection and social services delivery will be strengthened through the development of capacities in social work, counselling and probation services, which are presently non-existent. In addition, the use of deprivation of liberty as a measure of last resort for juvenile offenders and the establishment of non-custodial opportunities will be promoted.

31. At the local level, support will be provided to local authorities, NGOs, families and parents' associations to develop new forms of child protection services. These will include community-based social services, day-care centres and alternative models for children in residential care. At the service provider level, joint efforts of all sectors (education, health, social work, police and civil society) will be promoted through training and technical support to prevent children from neglect, abandonment, institutionalization and abuse. UNICEF will focus on selected *judet* (counties) based on criteria that include commitment and willingness from local authorities, the presence and active involvement of other organizations, NGOs and youth associations, and the convergence with other components of UNICEF-supported programmes. The establishment and capacity-building of local child protection councils will be essential to ensure proper coordination of local child protection strategies and promote the outreach role of social workers.

32. The programme will advocate and promote the respect of children's and women's rights by supporting improvement of national and local government institutions and civil society capacities in monitoring the application of provisions of the two Conventions. Support will be provided to the Ministry of Education for the development of a more effective monitoring system of key indicators. The formulation and implementation of a National Plan of Action and related local plans of action, based on the Special Session on Children and the Global Movement for Children outcomes, will be considered a priority.

33. **Young people's health, development and participation**. The programme will contribute to promoting the participation of young people in decisions that affect their lives, and improving their access to a range of opportunities and services essential for their health and development. The programme will be based on three main objectives:

(a) To develop young people's capacity to know and exercise their rights, adopt responsible behaviour, and participate actively in decision-making processes;

(b) To promote friendly environments conducive to increased youth participation in their own health and development issues;

(c) To improve the access of young people to social and health services, and the quality of these services.

34. Special focus will be given to the most vulnerable, including adolescents at risk of HIV/AIDS and sexually transmitted infections (STIs), alcohol and drug users, drop-outs from formal education, adolescents separating from residential care, the unemployed, and girls at risk of trafficking and prostitution. Activities will be implemented throughout the country with and by children, targeting especially the most affected locations.

35. The programme will address the increasing lack of opportunities for youth to develop skills and capacities, the lack of participation and self-esteem, and the weak levels of family and community support. Children and youth parliaments, together with young journalists' groups, will be supported and strengthened. Peer education will serve to promote democracy, tolerance, and active and responsible citizenship and leadership. Special attention will be given to the participation of children and youth in assessments, policy and decision-making processes. The programme will aim to reach and involve marginalized and socially excluded young people through life skills training, vocational training, counselling, promotion of self-expression and support for job creation initiatives for especially vulnerable adolescents. The concept of children- and youth-friendly environments will be promoted through in-service training for professionals (teachers, education officials, family doctors, nurses and social workers) on improved child-centred and interactive approaches. The establishment of children and youth safe spaces, in cooperation with local authorities and NGOs, will be an essential component of the programme.

36. In order to reduce the incidence of HIV/AIDS/STIs, early pregnancy and substance abuse, UNICEF will advocate for the adoption of healthy lifestyles through life skills and peer education. The development of national programmes and policies that promote access to health education and services will be promoted. The establishment of "youth friendly" confidential social counselling and health services will be strengthened at both national and local levels.

Monitoring and evaluation

37. The monitoring and evaluation function will be integrated into each programme. The increased capacity in data collection and analysis among counterparts and staff, and the availability of baseline data to global reporting processes such as MICS, the end-decade report and EFA will be supplemented with a comprehensive integrated monitoring and evaluation plan (IMEP). This will be based on specific key indicators on IMR, U5MR, MMR, school enrolment and completion rates, overall school attendance rates, the number of children entering institutions, the number of disabled children attending regular school, and the prevalence of sexually transmitted diseases and HIV/AIDS. Office oversight indicators will also be monitored to promote an effective results-based management system. The database used for the MICS, as well as the one used for the "Survey on Children Living in Institutions", will be updated regularly and will support the monitoring of the National Plan of Action.

38. Strategic evaluations will be carried out in all three programmes to assess impact and sustainability, and will include case studies on pilot community activities at the local level. The overall programme review with main government and non-government partners will be conducted yearly. An MTR will be conducted in 2004, and the IMEP will include the country programme first end-of-cycle review.

Collaboration with partners

39. UNICEF will continue working closely with national and local government institutions, supporting the coordinating role of the National Council for the Protection of Child Rights.

40. Partnerships and alliances with NGO networks will be consolidated in light of the Global Movement for Children. Youth NGOs, children and youth parliaments, and local youth councils will be strategic partners, encouraging synergy between civil society and local government institutions. Collaboration with national institutions, such as the universities, centres for human rights and strategic studies, will be expanded.

41. UNICEF will continue to be an active member of the United Nations Country Team. It will continue chairing and playing an important role in the HIV/AIDS theme group and will coordinate the poverty and social services working group. An inter-agency task force on the development of the social policy reform for families at risk has been also established under UNICEF leadership.

42. Key partnerships and close cooperation with United Nations agencies and donors include: the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS, and the World Bank on health sector reform and PHC development; the World Bank, the Technical Assistance Programme (TACIS) of the European Union, the Department for International Development (DfID) (United Kingdom), the Swedish International Development Authority and the Social Investment Fund on child and family social protection; SOROS Foundation on juvenile justice; the United Nations Population Fund and WHO on youth health and development; the United Nations Development Programme and TACIS on local governance; the United Nations Educational, Scientific and Cultural Organization

and the World Bank on the education sector reform; and the International Organization for Migration on issues related to trafficking of women and minors.

Programme management

43. The Ministry of Foreign Affairs will be responsible for overall coordination of the country programme. In cooperation and with the guidance of the Area Office in Bucharest, the current office structure will be strengthened to meet new programme and operational requirements more effectively and efficiently.

44. Management objectives and strategies will aim at improving work processes and office performance. Implementation of project plans of action and budgetary expenditures will be monitored regularly, based on the outcomes of monthly country management team meetings, as well as monitoring and evaluation activities.

45. The development of fund-raising strategies will be a priority for the Moldova Office. The dissemination of updated information on the situation of children through media will be carried out regularly in order to raise awareness of local government institutions, NGOs and donors. This will be supplemented with funding proposals that will be prepared and updated throughout the programme cycle.

TABLE

COUNTRY : REP. OF MOLDOVA
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
EARLY CHILDHOOD CARE/DEVELOPMENT	1,348,000		1,348,000	0	0	0	0	0	0	0	1	0	1	0	100,159	100,159
CHILD PROTECTION	1,060,000		1,060,000	0	0	0	0	1	0	1	0	0	1	559,823	0	559,823
YOUNG PEOPLE'S HLTH/DEV/PARTICIP	782,000		782,000	0	0	0	0	0	0	0	1	0	1	0	100,159	100,159
CROSS-SECTORAL COSTS	375,000		375,000	0	0	0	0	0	0	0	1	3	4	0	239,583	239,583
TOTAL RR	3,565,000		3,565,000	0	0	0	0	1	0	1	3	3	7	559,823	439,901	999,724
OTHER RESOURCES :																
EARLY CHILDHOOD CARE/DEVELOPMENT		3,000,000	3,000,000	0	0	0	0	0	0	0	1	0	1	0	77,366	77,366
CHILD PROTECTION		3,000,000	3,000,000	0	0	0	0	0	0	0	0	1	1	0	34,160	34,160
YOUNG PEOPLE'S HLTH/DEV/PARTICIP		1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		7,500,000	7,500,000	0	0	0	0	0	0	0	1	1	2	0	111,526	111,526
TOTAL RR & OR	3,565,000	7,500,000	11,065,000	0	0	0	0	1	0	1	4	4	9	559,823	551,427	1,111,250
SUPPORT BUDGET	Operating costs		383,500													
	Staffing			0	0	0	1	0	0	1	1	3	5	644,038	319,296	963,334
GRAND TOTAL (RR + OR + SB)				0	0	0	1	1	0	2	5	7	14	1,203,861	870,723	2,074,584
Number of posts and staff costs:																
Current programme cycle										1	3	4	8			
At the end of proposed programme cycle (indicative only)										2	5	7	14	1,203,861	870,723	2,074,584

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.